

**COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
PERIOD JULY 1, 1997 - JUNE 30, 1998**

**1. DEPARTMENT/COURT INFORMATION:**

Department/Court: Citizens' Law Enforcement Review Board

Division/Unit: \_\_\_\_\_

**2. VOLUNTEER PROGRAM BENEFITS:**

- a. **GENERAL VOLUNTEER** (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	1	Hours	384	x	\$13.74	=	\$ 5,276.16
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Types of work performed by GENERAL VOLUNTEERS in this category: Answering  
phones, investigative work, photocopying, requesting info from outside  
agencies, processing mailings (agendas), faxing, typing

- b. **INSTITUTIONAL VOLUNTEER** (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	Hours	x	\$	=	\$
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category: \_\_\_\_\_

- c. **SPECIALIZED VOLUNTEERS** (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity. These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

<u>Position</u>	<u>Hours</u>	x	<u>VCL</u>	=	<u>Dollar Benefit</u>
_____	_____	x	_____	=	\$ _____
_____	_____	x	_____	=	\$ _____
_____	_____	x	_____	=	\$ _____
_____	_____	x	_____	=	\$ _____
_____	_____	x	_____	=	\$ _____
_____	_____	x	_____	=	\$ _____

No. Vol.	Total Hours	Total Value \$
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Types of work performed by SPECIALIZED VOLUNTEERS in this category: \_\_\_\_\_

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a: _____	384 _____	\$5,276.16 _____
2b: _____	_____	\$ _____
2c: _____	_____	\$ _____

TOTALS: _____	\$5,276.16 _____
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

<u>Item Donated</u>	<u>Value</u>	<u>Item Donated</u>	<u>Value</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

TOTAL VALUE \$ _____
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4. VOLUNTEER PROGRAM COSTS:

- a. Cost of Direct Supervision of Volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours \_\_\_\_\_ x Rate \_\_\_\_\_ = \$ \_\_\_\_\_

- b. Cost of Program Coordination (total hours of program coordination times hourly rate of coordinator(s). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours \_\_\_\_\_ x Rate \_\_\_\_\_ =

\$ \_\_\_\_\_

- c. Other program costs (volunteer Training materials/supplies, recognition costs, etc.):

\_\_\_\_\_ Item \_\_\_\_\_

\_\_\_\_\_ Cost \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL OF OTHER PROGRAM COSTS

=

\$ \_\_\_\_\_

- d. TOTAL OF VOLUNTEER PROGRAM COST ..  
(add 4a, 4b, and 4c)

\$ \_\_\_\_\_

**5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$ 5,276.16

b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$ \_\_\_\_\_

ADD a + b

\$ 5,276.16

c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) (\$ \_\_\_\_\_)

TOTAL PROGRAM BENEFIT

\$ 5,276.16

**6. RECRUITING:**

Please describe your recruiting programs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 1998-99:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. GENERAL INFORMATION:**

Name of Person Completing Report: John Parker

Phone Number: 531-4520 Mail Stop A-210 E-Mail CHUCK.DOLTPARKE@

Volunteer Coordinator: John Parker

Phone Number: same Mail Stop  E-Mail

**10. DEPARTMENT CERTIFICATION:**

  
\_\_\_\_\_  
DEPARTMENT HEAD SIGNATURE

8-3-98  
\_\_\_\_\_  
DATE

**COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
PERIOD JULY 1, 1997 - JUNE 30, 1998**

**1. DEPARTMENT/COURT INFORMATION:**

Department/Court: Office of Disaster Prep./CAO  
Division/Unit: \_\_\_\_\_

**2. VOLUNTEER PROGRAM BENEFITS:**

- a. GENERAL VOLUNTEER (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol. 3 Hours 2288 x \$ 13.24 = \$ 31,437.12

Types of work performed by GENERAL VOLUNTEERS in this category: \_\_\_\_\_

- b. INSTITUTIONAL VOLUNTEER (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol. 0 Hours 0 x \$ 0 = \$ 0

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category: \_\_\_\_\_

NA

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity. These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

<u>Position</u>	<u>Hours</u>	x	<u>VCL</u>	=	<u>Dollar Benefit</u>
_____	_____	x	_____	=	\$ _____
_____	_____	x	_____	=	\$ _____
_____	_____	x	_____	=	\$ _____
_____	_____	x	_____	=	\$ _____
_____	_____	x	_____	=	\$ _____

No. Vol. 0 Total Hours 0 Total Value \$ 0

Types of work performed by SPECIALIZED VOLUNTEERS in this category: \_\_\_\_\_

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a: <u>3</u>	<u>2288</u>	\$ <u>31,432.12</u>
2b: _____	_____	\$ _____
2c: _____	_____	\$ _____

TOTALS: <u>3</u>	<u>2288</u>	\$ <u>31,432.12</u>
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

<u>Item Donated</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

<u>Item Donated</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL VALUE \$ <u>0</u>
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4. VOLUNTEER PROGRAM COSTS:

- a. Cost of Direct Supervision of Volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours 60 x Rate 14.15 = \$ 849.00

- b. Cost of Program Coordination (total hours of program coordination times hourly rate of coordinator(s). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours 84 x Rate 14.15

\$ 1188.60

- c. Other program costs (volunteer Training materials/supplies, recognition costs, etc.):

Item

Cost

TOTAL OF OTHER PROGRAM COSTS =

\$ 2037.60

- d. TOTAL OF VOLUNTEER PROGRAM COST =  
(add 4a, 4b, and 4c)

\$ 2037.60

**5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

- a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)

\$ 31,437.12

- b. Total of Donations to Volunteer Program, Item 3 (Page 2)

\$ 0

ADD a + b

\$ 31,437.12

- c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3)

(\$ 2037.60)

TOTAL PROGRAM BENEFIT

\$ 29,399.52

6. **RECRUITING:**

Please describe your recruiting programs: None at present.

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

Updating County Resource Manual

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 1998-99:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

To continue to maintain & update Resource Manual

9. **GENERAL INFORMATION:**

Name of Person Completing Report: RICHARD GROSS

Phone Number: 715-2208 Mail Stop: 0-25 E-Mail: \_\_\_\_\_

Volunteer Coordinator: RICHARD GROSS

Phone Number: 715-2208 Mail Stop: 0-25 E-Mail: rgrossdp@co.san-diego.ca.us

10. **DEPARTMENT CERTIFICATION:**

  
- DEPARTMENT HEAD SIGNATURE

8/20/98  
DATE



**COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
PERIOD JULY 1, 1997 - JUNE 30, 1998**

**1. DEPARTMENT/COURT INFORMATION:**

Department/Court: CAO - Office of Trade & Business Development

Division/Unit: \_\_\_\_\_

**2. VOLUNTEER PROGRAM BENEFITS:**

- a. GENERAL VOLUNTEER (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol. 10 Hours 1930 x \$ 13.74 = \$ 26,518.20

Types of work performed by GENERAL VOLUNTEERS in this category: \_\_\_\_\_

- b. INSTITUTIONAL VOLUNTEER (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol. \_\_\_\_\_ Hours \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category: \_\_\_\_\_

N/A

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity. These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

<u>Position</u>	<u>Hours</u>	x	<u>VCL</u>	=	<u>Dollar Benefit</u>
(S) <u>Task Forces</u>	<u>1050</u>	x	_____	=	\$ <u>0</u>
_____	_____	x	_____	=	\$ _____
_____	_____	x	_____	=	\$ _____
_____	_____	x	_____	=	\$ _____
_____	_____	x	_____	=	\$ _____

No. Vol. 72 Total Hours 1050 Total Value \$ 0

Types of work performed by SPECIALIZED VOLUNTEERS in this category: \_\_\_\_\_

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

No. of Volunteers	Hours	Dollar Benefit
2a: 10	1930	\$ 26,518.20
2b: _____	_____	\$ _____
2c: 72	1050	\$ _____

TOTALS: 82	2980	\$ 26,518.20
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated	Value	Item Donated	Value
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

TOTAL VALUE \$ _____
----------------------

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of Direct Supervision of Volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours \_\_\_\_\_ x Rate \_\_\_\_\_ = 

\$ _____
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- b. Cost of Program Coordination (total hours of program coordination times hourly rate of coordinator(s). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours \_\_\_\_\_ x Rate \_\_\_\_\_ =

\$                     

- c. Other program costs (volunteer Training materials/supplies, recognition costs, etc.):

\_\_\_\_\_ Item \_\_\_\_\_

\_\_\_\_\_ Cost \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL OF OTHER PROGRAM COSTS

=

\$                     

- d. TOTAL OF VOLUNTEER PROGRAM COST =  
(add 4a, 4b, and 4c)

\$                     

5. **NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

- a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)

\$ 24,518.00

- b. Total of Donations to Volunteer Program, Item 3 (Page 2)

\$ 0.00

ADD a + b

\$ 24,518.00

- c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3)

(\$ 0.00)

TOTAL PROGRAM BENEFIT

\$ 24,518.00

6. **RECRUITING:**

Please describe your recruiting programs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 1998-99:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. **GENERAL INFORMATION:**

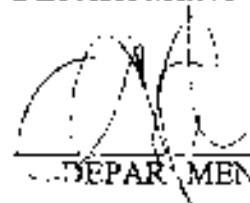
Name of Person Completing Report: Tracy Schanning-Andreacola

Phone Number: 531-4848 Mail Stop A-227 E-Mail Tschanch

Volunteer Coordinator: Same

Phone Number: Same Mail Stop Same E-Mail Same

10. **DEPARTMENT CERTIFICATION:**

  
\_\_\_\_\_  
DEPARTMENT HEAD SIGNATURE

9-8-98  
\_\_\_\_\_  
DATE